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Inventor: Gurtej S. Sandhu, et al.

Title: Deposition Methods and Apparatuses Providing Surface Activation

Assignee: Micron Technology, Inc.

Serial No.: 09/652,533

Filing Date: August 31, 2000

Docket No. MI22-1385

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

**PURSUANT TO 37 C.F.R. §§1.56, 1.97 AND 1.98**

In compliance with 37 C.F.R. §§1.56, 1.97 and 1.98, your attention is directed to the United States patent application listed on the attached Form PTO-1449, a copy of which is attached. No admission is made regarding whether the submitted reference is prior art.

This Information Disclosure Statement is being filed within three months of the filing date of the application or before the mailing of a first Office Action, whichever occurs last. Therefore, no fee is believed to be required. However, in the event that a fee is required for filing this information disclosure statement, please charge the fee specified under 37 C.F.R. §1.17(p) to Deposit Account No. 23-0925. Please credit Deposit Account No. 23-0925 with any overpayment of the above fee.

Citation of this reference is respectfully requested.

Respectfully submitted,

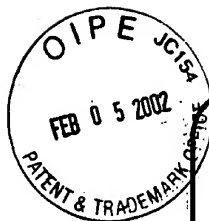
Dated: 2/5/02

Attorney: [Signature]

David G. Latwesen, Ph.D.

Reg. No. 38,533

**EV026161040**



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PTO/SB/21 (6-98)  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/652,533
	<b>Filing Date</b>	August 31, 2000
	<b>First Named Inventor</b>	Gurtej S. Sandhu
	<b>Group Art Unit</b>	2811
	<b>Examiner Name</b>	W. Fahmy
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b> MI22-1385

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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	Cited Reference
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<b>Remarks</b>	<b>Customer No.</b> 021567
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is hereby authorized to charge any additional fees required under 37 C.F.R. § 1.16 and § 1.17 and credit any overpayments to account no. 23-0925.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
<b>Firm or Individual name</b>	David G. Latwesen, Ph.D.; Reg. No. 38,533; Wells St. John P.S.
<b>Signature</b>	
<b>Date</b>	2/5/02

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